Subnat 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OH COMCEDUATION DIVIGION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210			/ATION DIVIS Box 2088	ION	•	
DISTRICT III	,		Mexico 87504-2088	;		
1000 Rio Brazos Rd., Aztec, NM 87-	REQUES'	T FOR ALLOW	ABLE AND AUTHO	PIZATION		
Operator Operator				. GAS Well API No.		
Amoco Production Co	mpany			3004522046		
Address 1670 Broadway, P. C	). Box 800. De	enver. Color:	ado 80201			
Reason(s) for Filing (Check proper be			Other (Please	explain)		
New Well		ge in Transporter of:	1			
Recompletion Change in Operator	Oil Casinghead Gas	Dry Gas Condensate	]			
If change of operator give name and address of previous operator				vood, Colorado 8	0155	
H. DESCRIPTION OF WEI	LL AND LEASE					
Lease Name MOUNTVIEW	Well	No. Pool Name, Inch	-		Lease No.	
Location	<u>F</u>	BASIN (DAK	(UIA)	FEDERAL	NM23063	
Unit LetterD	:990	Feel From The F	NL Line and 790	Feet From The	FWL Line	
Section 19 Tow	nship 25N	Range10W	, NMPM,	SAN JUAN	County	
III. DESIGNATION OF TR			URAL GAS			
Name of Authorized Transporter of O CONOCO	ii C or Con	ndensate 🔯	Address (Give address to	o which approved copy of this	form is to be sent)	
Name of Authorized Transporter of Co	asinghead Gas	or Dry Gas [X	Address (Give address to	, BLOOMFIELD, NM o which approved copy of this	8/413 form is to be sent)	
SUNTERRA GAS GATHERII			P. O. BOX 1899	, BLOOMFIELD, NM	87413	
give location of tanks.	Unit Sec.	Twp. Rge	e. Is gas actually connected	17   When 7		
If this production is commingled with t IV. COMPLETION DATA	hat from any other lease	or pool, give commun	gling order number:			
Designate Type of Completi	On = (X)	Well   Gas Well	New Well   Workove	r Deepen Plug Back	Same Res'v Diff Res'v	
Date Spudded	Date Compl. Read	ly to Prod.	Total Depth		li	
		,		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	Tubing Dep	Tubing Depth	
Perforations	· · · · · · · · · · · · · · · · · · ·			Depth Casin	ng Shoe	
	TIDA	o orenia mi			***	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		DEPTH S		PACKE CEMENT	
		- TOURS OF THE STATE OF THE STA			SACKS CEMENT	
			· · · · · · · · · · · · · · · · · · ·			
V. TEST DATA AND REQU	EST FOR ALLO	WABLE				
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	me of load oil and mus		allowable for this depth or be f	or full 24 hours.)	
	Date of Tex		Producing Method (Flow,	pump, gas tyt, etc.)		
Length of Test	Tubing Pressure	Tubing Pressure		Choke Size	Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	Gas- MCF		
GAS WELL						
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of C	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	. Gloke Size		
VI. OPERATOR CERTIFI		ADI LANCE	<u>                                     </u>			
I hereby certify that the rules and reg Division have been complied with an	sulations of the Oil Cons id that the information o	servation given above	OIL CO	NSERVATION [	NOISIVIC	
is true and complete to the best of my	y knowledge and belief.		Date Approv	edMAY 0.8 19	pgq	
J. L. Hamoston			MAT 100 1303			
Sippature	A row		Ву	But) The	<del>-</del> {	
Printed Name	Sr. Staff Adm	in, Suprv.	1	SUPERVISION DIS	TRICT # 3	
Janaury 16, 1989		-830-5025	Title			
Date	To	elephone No.	13			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.